

FILED MAY 1 1947

5182

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Reeleys Landing Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rural Shannon 1 m 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Reeleys Landing Mo
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. Rural Shannon 1 m 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nora Craft

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month April day 25
year 1947 hour 9 minute 7 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

MEDICAL CERTIFICATION

4. Sex F 5. Color or race W

6. (a) Name of husband or wife Carl Craft 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 27 1883
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>0</u>	<u>28</u>	hr. _____ min.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

9. Birthplace Reeleys Landing Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Mail carrier

Other conditions 83 P
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name Rene Chirgensmith

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brown

15. Birthplace Not known
(City, town, or county) (State or foreign country)

Major findings: 83 P

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Noah King

(b) Address Reeleys Landing Mo

17. (a) Burial (b) Date thereof 4/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gair Ocean

18. (a) Signature of funeral director McComb & Co.

(b) Address Jackson Mo

19. (a) 4-26-47 (b) D. B. Suther
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2

While at work? _____
(Specify type of place)

Means of injury _____

23. Signature Dr. J. F. Sigmond Coroner

Address Jackson Mo Date signed 4/26/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4
File Number 447-605
Date 4-30-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.,
working under my personal supervision.

Signed BH Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson Ms.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.